

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Chesapeake City* Town *Cecil* CountyDate of death 1903 *July* Month *27* Day Age *43* Years Months *—* Days *26*Sex *Male* Color or Race *White* Birth-place *Chesapeake City*Married, Single or Widowed *Married* Occupation *Laborer*Name of Wife or Husband *Eunice Alexander*Father's Name *Es. Dr Alexander*Father's Birthplace *don't know*Mother's Maiden Name *Margaret Haines*Mother's Birthplace *don't know*Name of person giving information *Eunice Alexander*How related to deceased *Wife of Mother*

CAUSES OF DEATH

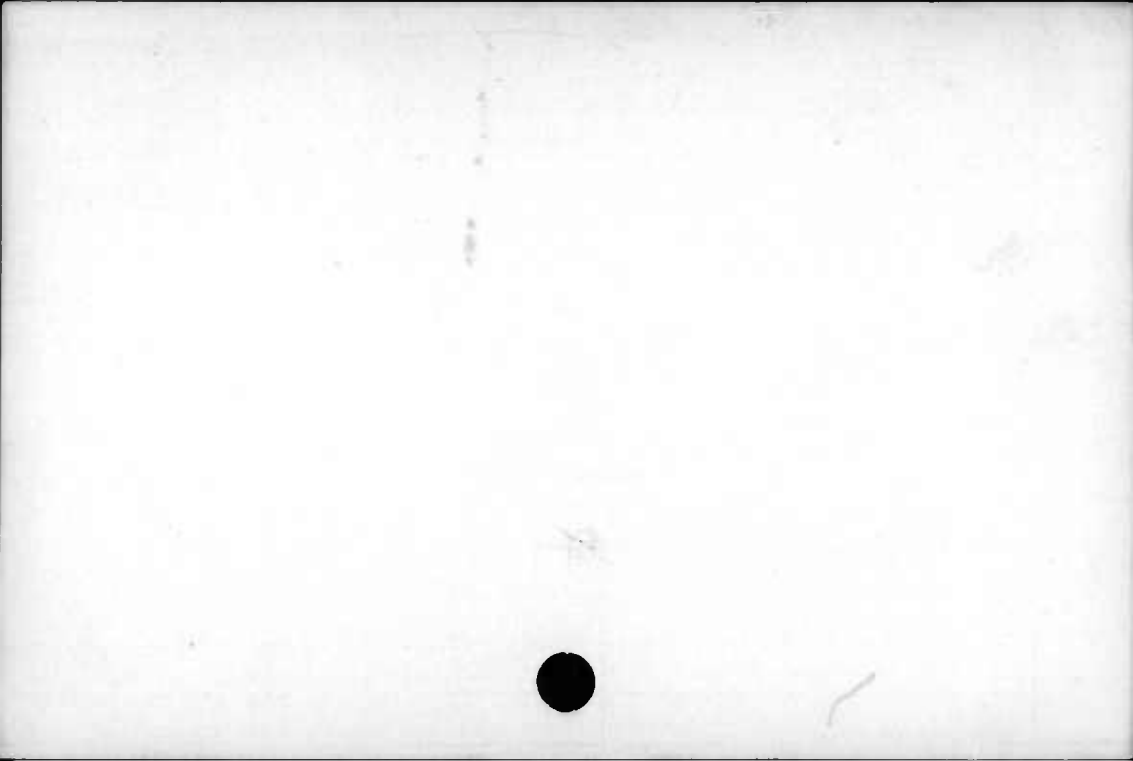
Primary *Brought Disease* *120* How long *10 months*Immediate *X* How long *X*Are the name, age, sex, color, date and place correctly given above? *ye*

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Edwin Boynton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Port Deposit		County Cecil		MARYLAND	
Date of death 190	3	Month	July	Day	6	Age	43
Sex		Male		Color or Race		White	
Married, Single or Widowed		Single		Occupation		—	
Name of Wife or Husband —							
Father's Name				Austin Boynton			
Mother's Maiden Name				Elizabeth Crewell			
Name of person giving information				Elizabeth Boynton			
Father's Birthplace				Elmira			
Mother's Birthplace				Port Deposit			
How related to deceased				Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Brain Stroke	How long	1/2 hour
Immediate	Yes	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. E. Fisher	
		Address	
		Port Deposit, Md.	
Accident or Suicide?			



Grace E Calvert

Town

Perryville

County

Cecil

MARYLAND

Died at

Date 189

3

Month

July

Day

6

Y.

M.

D.

Age

6

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Thomas Calvert

Mother's Name

Sarah Keiler

Cause of Death

Primary

Intero Colitis

How long sick

105

Immediate

Accident, Suicide, Homicide

Reported by

Geo. M. Hume

Address

Perryville

Maryland



Name
in
Full

Randolph H. Casner

CERTIFICATE OF DEATH

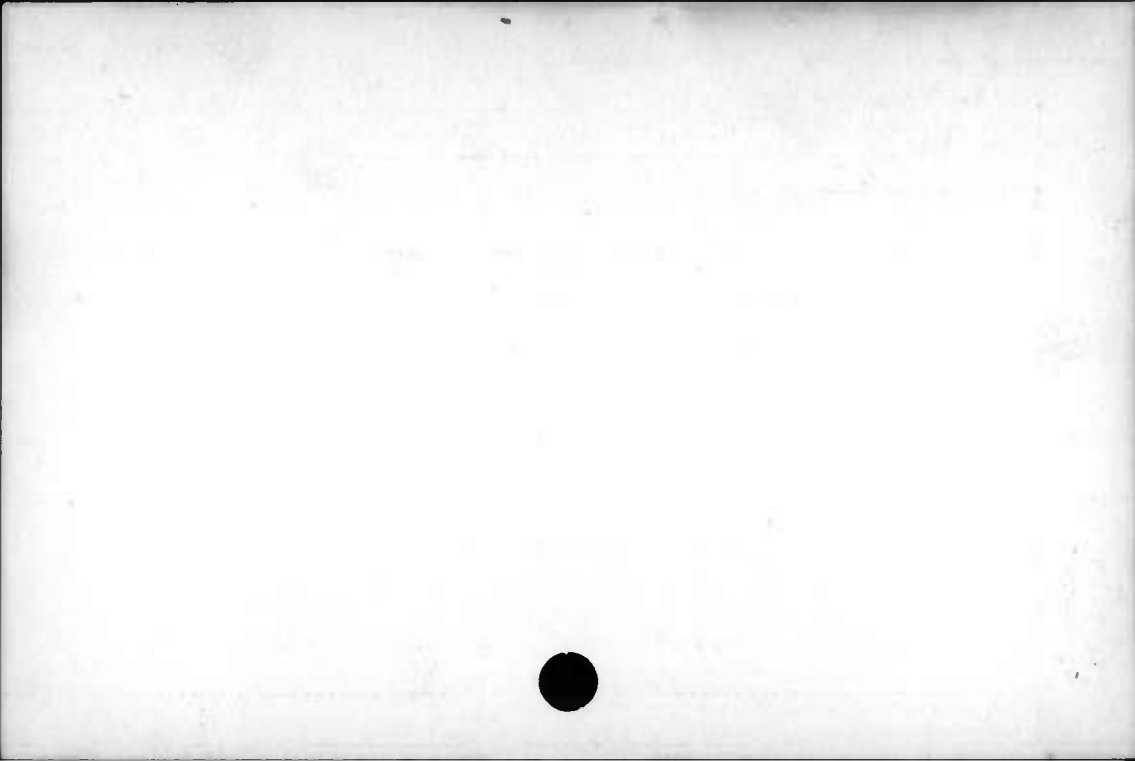
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Appleton</i>		Town <i>Appleton</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1903		Month <i>July</i>		Day <i>12</i>		Years <i>one</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Philada Pa.</i>		Months <i>3</i> Days <i>18</i>	
Married, Single or Widowed <i>Single</i>				Occupation _____			
Name of Wife or Husband _____							
Father's Name <i>Wm G. Casner</i>				Father's Birthplace <i>Philada Pa.</i>			
Mother's Maiden Name <i>Rebecca E. Adrin</i>				Mother's Birthplace <i>Philada Pa.</i>			
Name of person giving information <i>Wm G Casner</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>179</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm S Cawley</i>	
_____		Address <i>Elkton</i>	
Accident or Suicide? <i>—</i>		<i>med</i>	



Name in Full

Certificate of Death

Robert Henry Cross,

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

7 5

Age 38

Washington

Retired

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Serving in Navy

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic Bronchitis

How long sick

5 mo

Death

Immediate

Apoplexy

~~Accident, Suicide, Homicide~~

Reported by

Rm B Black

91

Address

Acciton

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wm P Ewing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Port Deposit - Cecil* Town County

MARYLAND

Date of death 190 *3* Month *July* Day *9* Age *81* Years Months *5* Days *—*Sex *Male* Color or Race *White* Birth-place *Cecil Co*Married, Single or Widowed *Married* Occupation *—*Name of Wife or Husband *Elizabeth Ewing*Father's Name *Jacob Ewing* Father's Birthplace *—*Mother's Maiden Name *Jane Bragman* Mother's Birthplace *—*Name of person giving information *Emma Ewing* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Sanguine* How long *2 months*
Immediate *142* How long

Are the name, age, sex, color, date and place correctly given above?

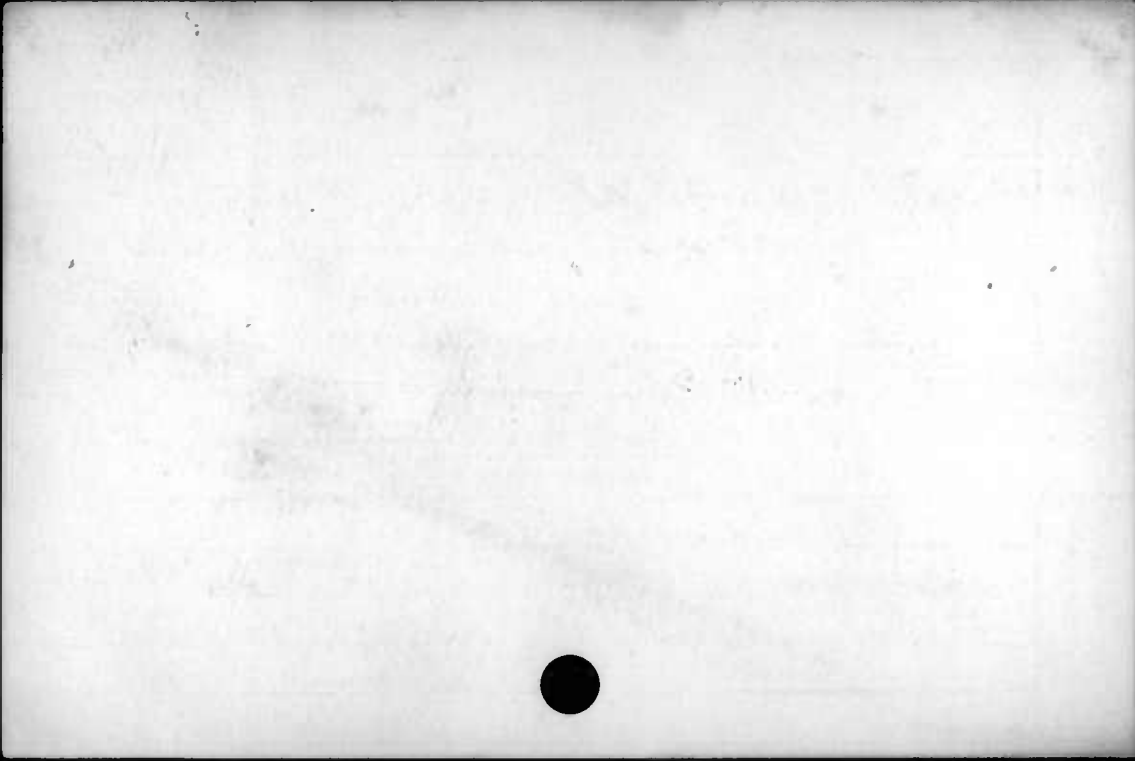
Yes

Signature of Physician

H E Clinman

Address

Port Deposit Md~~Accident or Suicide?~~



Name
in
Full

Hermann

Geilfuss-

CERTIFICATE OF DEATH

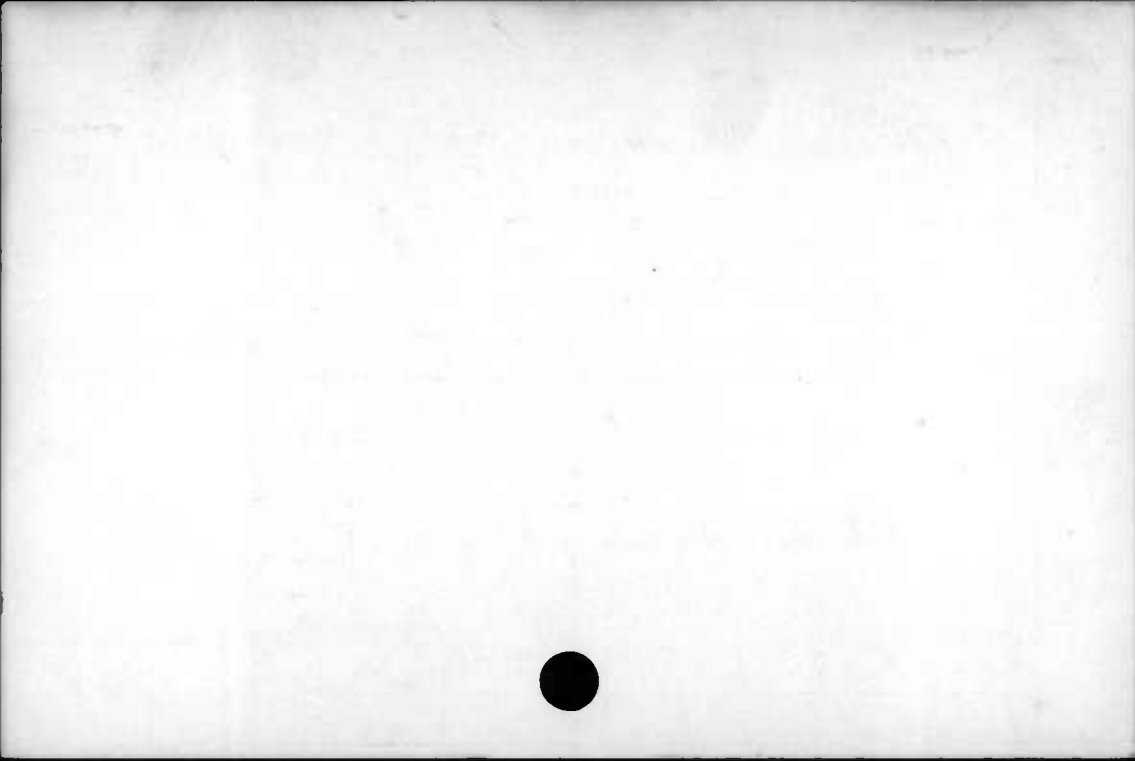
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calvert</u> ^{Town}		<u>Coerie</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>7</u>	Day <u>22</u>	Age <u>9</u>	Years <u>9</u>	Months <u>9</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Phila Pa</u>			
Married, Single or Widowed <u>Single</u>			Occupation <u></u>		
Name of Wife or Husband <u></u>					
Father's Name <u>William F Geilfuss</u>			Father's Birthplace <u>Phila Pa</u>		
Mother's Maiden Name <u>Mamie McCormick</u>			Mother's Birthplace <u></u>		
Name of person giving information <u>Mrs H. H. Geilfuss</u>			How related to deceased <u>Grandmother</u>		

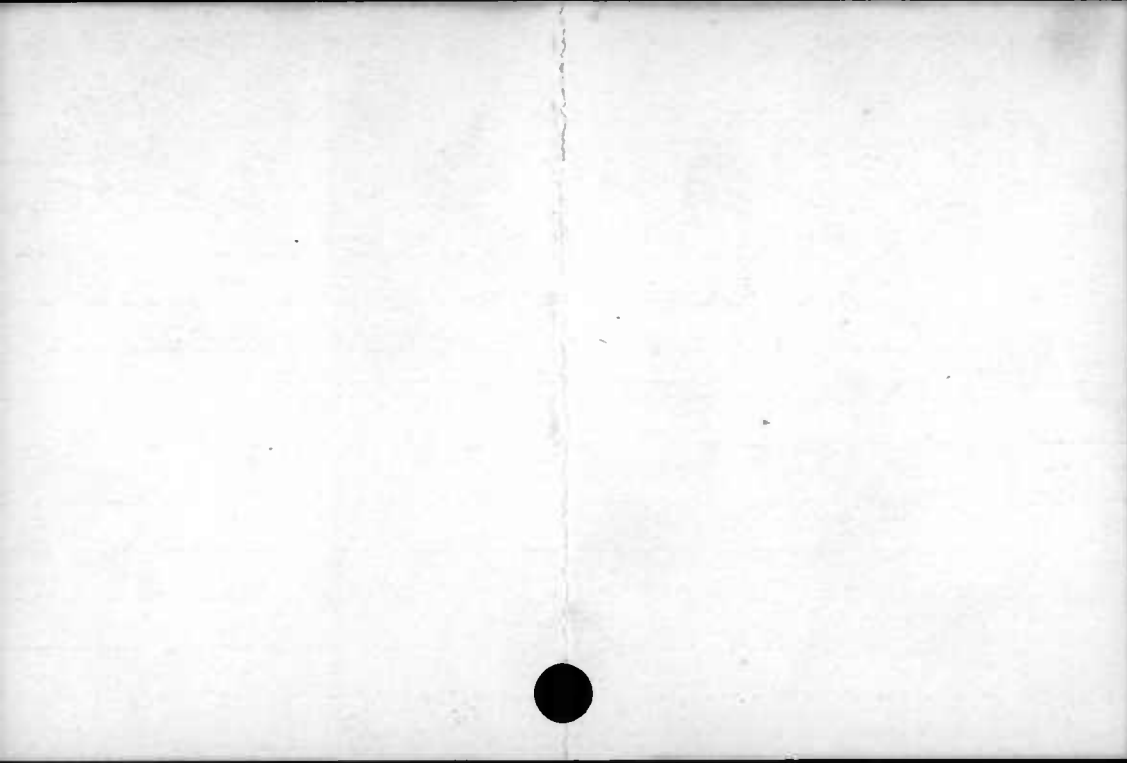
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Measles</u>	How long <u>6</u>
Immediate <u>Inflammatory Rheumatism</u>	How long <u>Two Weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. A. Richardson</u>
	Address <u>Calvert - Md</u>
Accident or Suicide? <u></u>	



Name in Full		Hennie Kane				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		near <i>Cecilton</i> Town		County <i>Cecil</i>		MARYLAND
	Date of death 190 <i>3</i>		Month <i>July</i>		Day <i>17</i>		Age Years <i>70</i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Cecilton</i>		Months <i>X</i> Days
	Married, Single or Widowed				Occupation <i>Housekeeper</i>		
	Name of Wife or Husband <i>Moses Kane</i>						
	Father's Name <i>Sandy Lynch</i>				Father's Birthplace <i>Cecil</i>		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information <i>Jno Boyer</i>				How related to deceased <i>None</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Valvular Disease of Heart -</i>				How long <i>79</i>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>E. N. Crawford</i>		
					Address <i>Cecilton Md</i>		
Accident or Suicide?							



Name
in
Full

Anna E. Mc Clay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

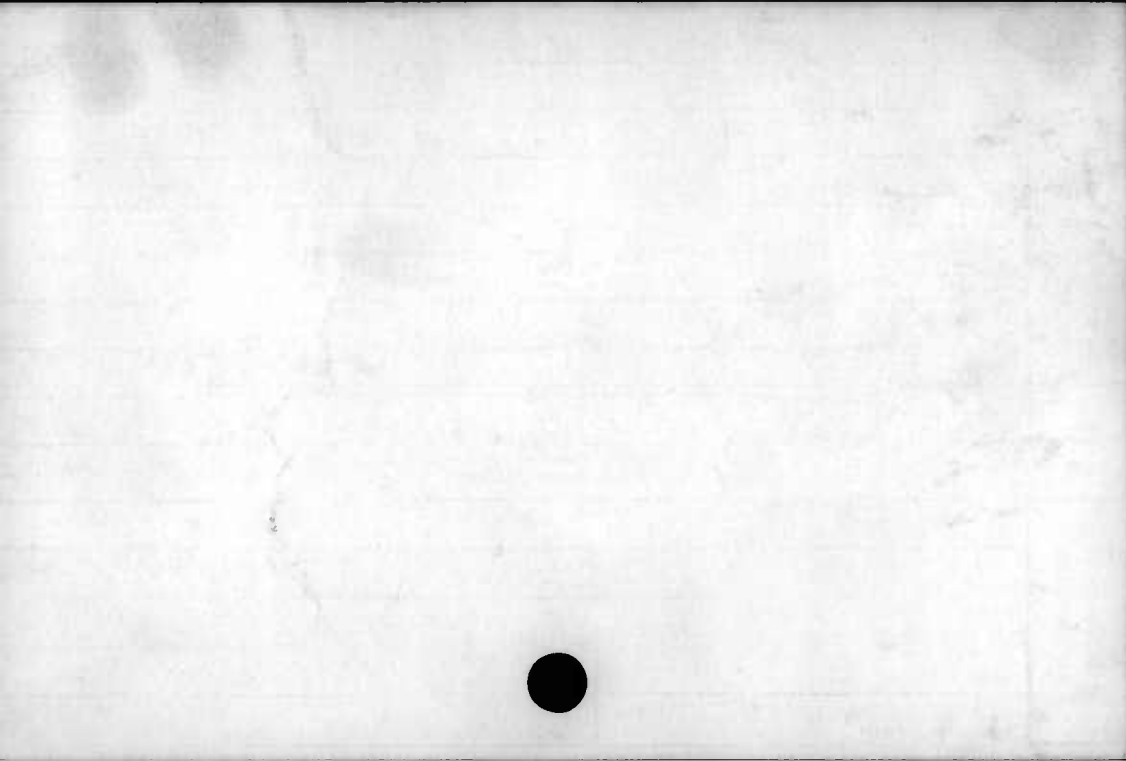
MARYLAND

Died at		Town Elkton		County Kecil			
Date of death 190		3	Month July	Day 30	Age Years 50?	Months	Days
Sex Female		Color or Race white		Birth- place			
Married, Single or Widowed		Married		Occupation			
Name of Wife or Husband		William Mc Clay					
Father's Name		John Butler				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation		Sarah Mc Clay				How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	1 wk
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm. S. Lawley	
Address		Elkton Md.	
Accident or Suicide?			



Name
in
Full

Cecil W Goldsberich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

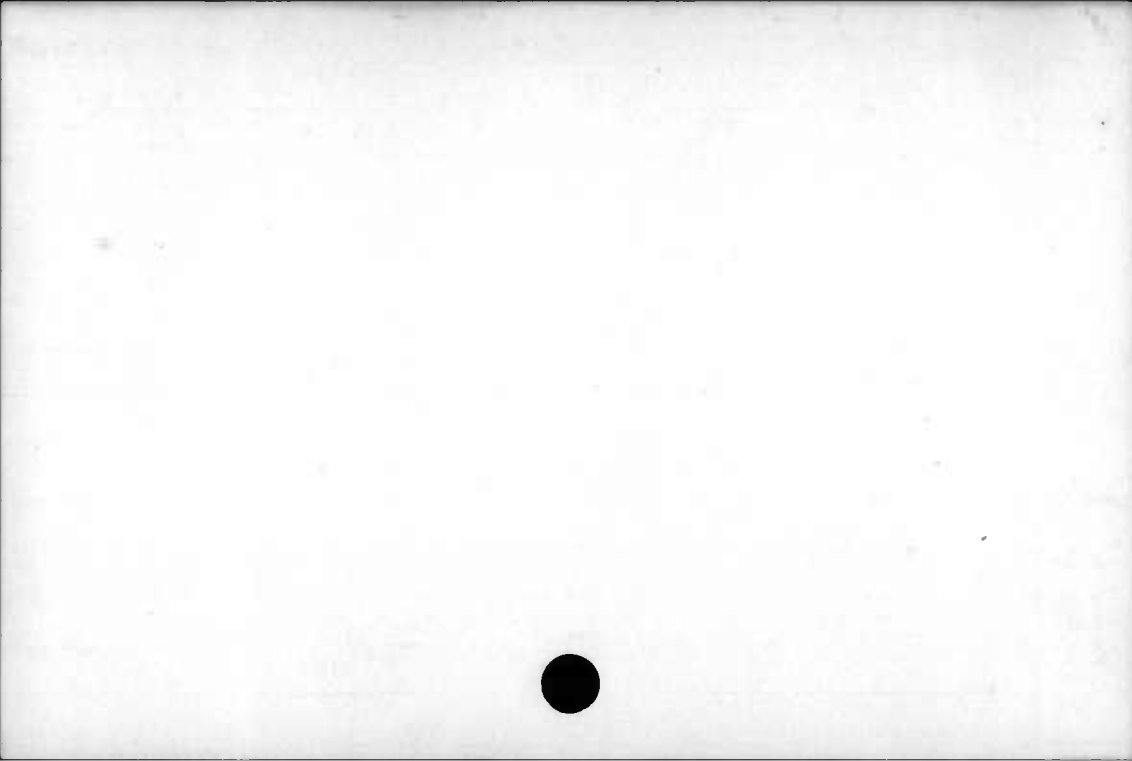
MARYLAND

Died at		Town Elkton		County Cecil	
Date of death 1903	Month July	Day 26	Age Years	8 Weeks	Months
Sex male	Color or Race white		Birth- place Elkton		Days
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name Thomas W Goldsberich			Father's Birthplace		
Mother's Maiden Name Emma Powell			Mother's Birthplace		
Name of person giving Information Thomas W Goldsberich			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Inanition ?	151 How long all its life
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	Howard Bracken
Address	Elkton, md
Accident or Suicide?	



Name
in
Full

Mackey

CERTIFICATE OF DEATH

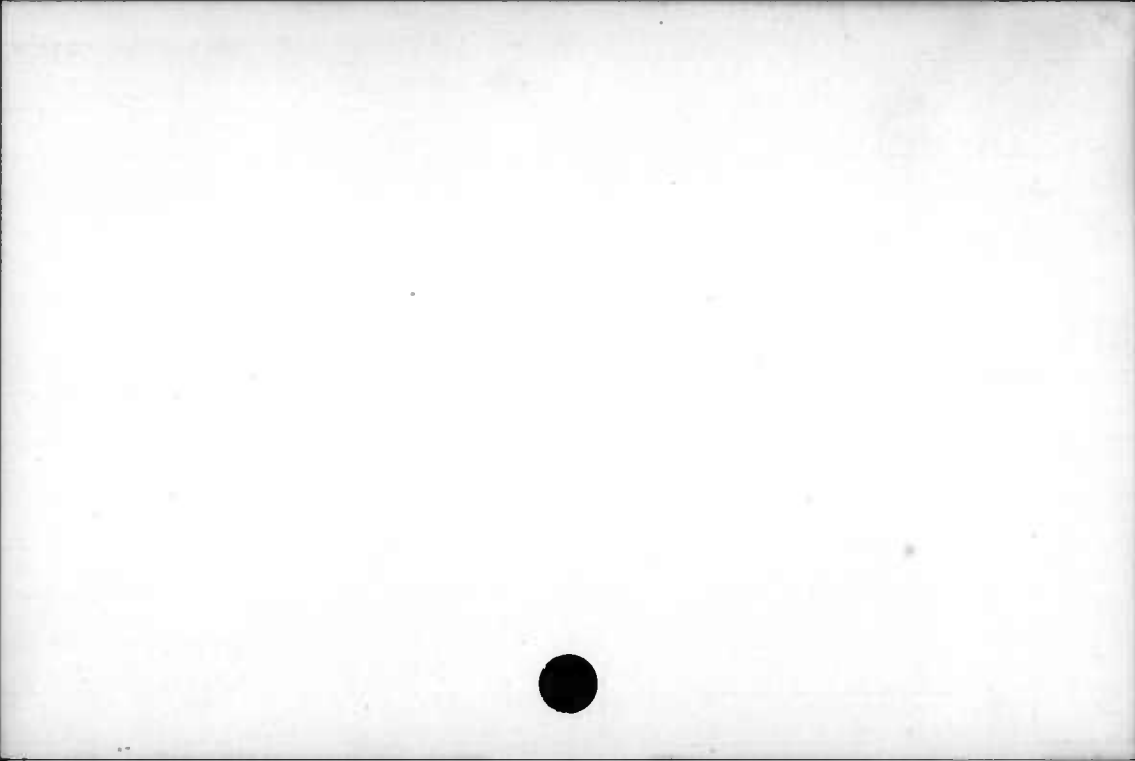
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blue Ball</i>		Town		<i>Beccie</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>July</i>		Day <i>12</i>		Age		Years Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Blue Ball</i>					
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>Harvey H. Mackey</i>						Father's Birthplace <i>4th Dist</i>			
Mother's Maiden Name <i>Margaret M. Biles</i>						Mother's Birthplace <i>" "</i>			
Name of person giving information <i>A. H. Mackey</i>						How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born - Mother</i>		How long	
<i>Uræmic</i>		How long	
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Howard Brannen Eakin</i>	
		Address <i>John F. Miller - Zion</i>	
Accident or Suicide?			



Name
in
Full

Earle Rotts

CERTIFICATE OF DEATH

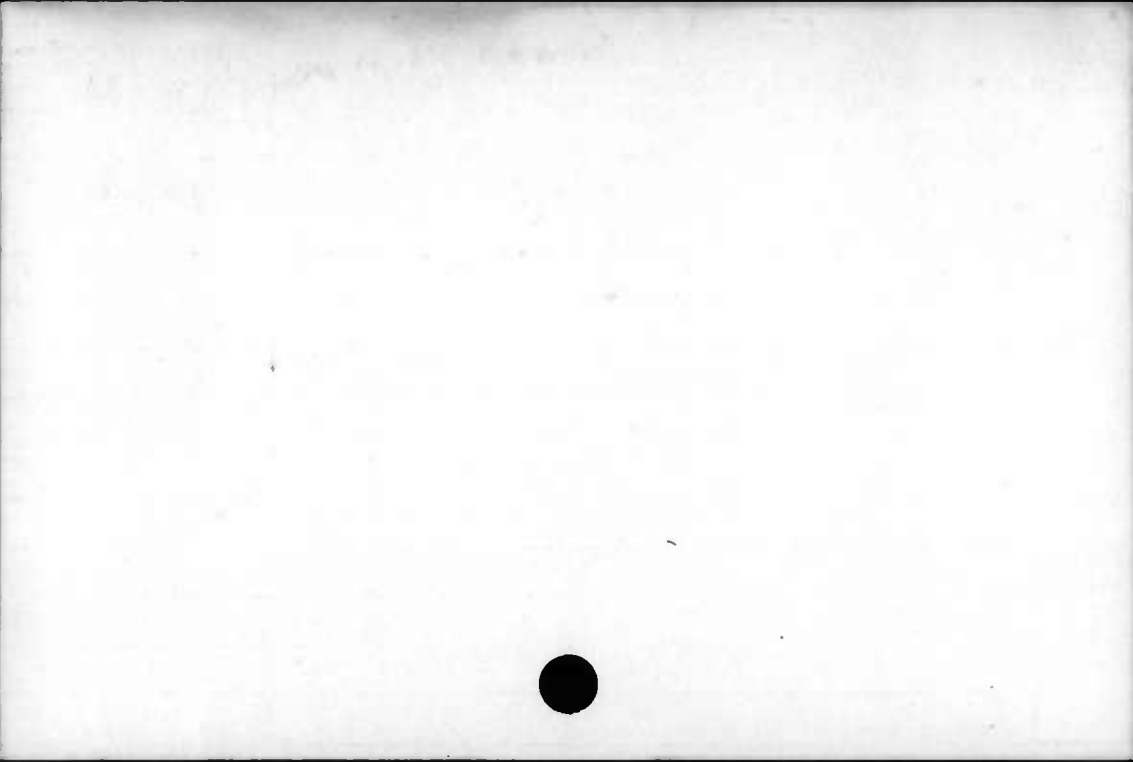
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> <small>Town</small>		<u>Geary</u> <small>County</small>		MARYLAND	
Date of death 1903	<u>July</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>3</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Wade Co</u>		
Married, Single or Widowed <u>—</u>			Occupation <u></u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>George Rotts</u>			Father's Birthplace <u></u>		
Mother's Maiden Name <u>Julia Bowman</u>			Mother's Birthplace <u></u>		
Name of person giving information <u>George Rotts</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Burns</u>	How long <u>4 hours</u>
Immediate <u>167</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. A. Mitchell MD</u>
	Address <u>Howard Braddon</u>
Accident or Suicide <u>Accident</u>	



Blanche W. Purmer

Town

County

Died at

MARYLAND

1903		Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		7	8				Ind	
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband
of
Wife

8

Father's
NameMother's
Name

Clinton W. Purmer Helen W. Purmer

Cause of

Primary

Dysentery & Dehydration

How long sick

5 weeks

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

W.C. Karsner Jr

Address

Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____

Name
in
Full

Rhoda A. Purmer

CERTIFICATE OF DEATH

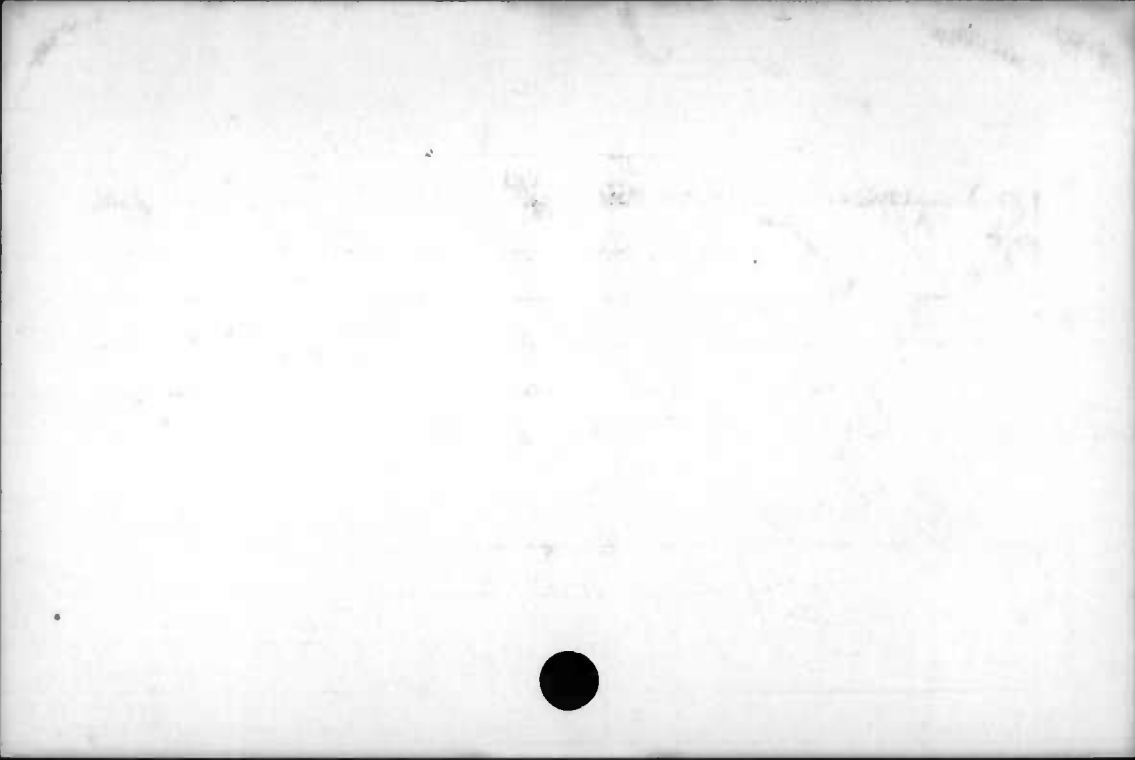
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Port Hermann</u> ^{Town}		<u>Ocean</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>7</u> ^{Month}	<u>1</u> ^{Day}	Age <u>8</u> ^{Years}	<u>6</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Elk Neck</u>		
Married, Single or Widowed <u>X</u>			Occupation <u>childhood</u>		
Name of Wife or Husband <u>X</u>					
Father's Name <u>Clinton W. Purmer</u>			Father's Birthplace <u>Elk Neck</u>		
Mother's Maiden Name <u>Helen Brown</u>			Mother's Birthplace <u>Port Hermann</u>		
Name of person giving information <u>Mrs C. Purmer</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pertussis, Pneumonia</u>	How long <u>3 weeks</u>
Immediate <u>Convulsion</u> <u>8</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W C Karsner</u>
<u>Yes</u>	Address <u>Sheepskin City</u>
Accident or Suicide? <u>✓</u>	<u>11/2</u>



Name
in
Full

George Robinson

CERTIFICATE OF DEATH

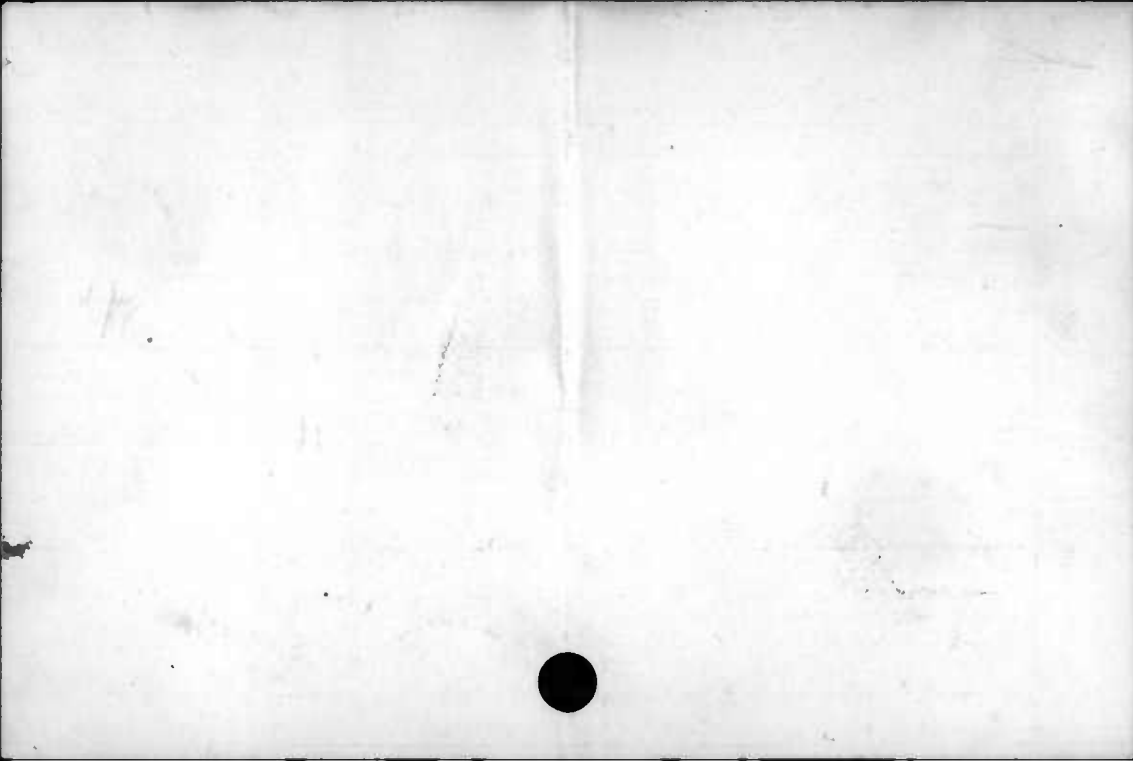
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bombard</u> Town		County <u>Cecil</u>		MARYLAND	
Date of death 190 <u>8</u>	Month <u>7</u>	Day <u>20</u>	Age <u>29</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Cork Co. Pa.</u>		
Married, Single or Widowed			Occupation <u>Barber</u>		
Name of Wife or Husband					
Father's Name <u>James Robinson</u>			Father's Birthplace <u>Cork Co. Pa.</u>		
Mother's Maiden Name <u>Mary Fleasman</u>			Mother's Birthplace <u>Cork Co. Pa.</u>		
Name of person giving information <u>John Duncan & Bros.</u>			How related to deceased <u>Not any</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Croupis Pneumonia</u>	How long <u>8 days</u>
Immediate <u>Peritonitis.</u> <u>93</u>	How long <u>3</u> "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas. H. Miller</u>
	Address <u>North East Ind.</u>
Accident or Suicide?	



Name in Full		Russell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at 3 rd Dist		Town		County		MARYLAND
	Date of death 1903		Month July		Day 10		
	Sex Female		Color or Race White		Age Years		Months
	Married, Single or Widowed		Occupation		Birth-place		3 rd Dist
	Name of Wife or Husband						
	Father's Name Edward Russell				Father's Birthplace Delaware		
	Mother's Maiden Name Annabell Gracie				Mother's Birthplace Cecil Co.		
Name of person giving information Mrs M Gracie				How related to deceased Grandmother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Unknown				How long		
					How long		
	Are the name, age, sex, color, date and place correctly given above? yes.				Signature of Physician Howard Bratton Health Officer		
					Address Elkton Md		
	Accident or Suicide?						



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~White~~

Colored

~~Married~~

Single

~~Widow~~

Widower

~~Divorced~~

Number of children living

Mother's

Maiden Name

How long sick

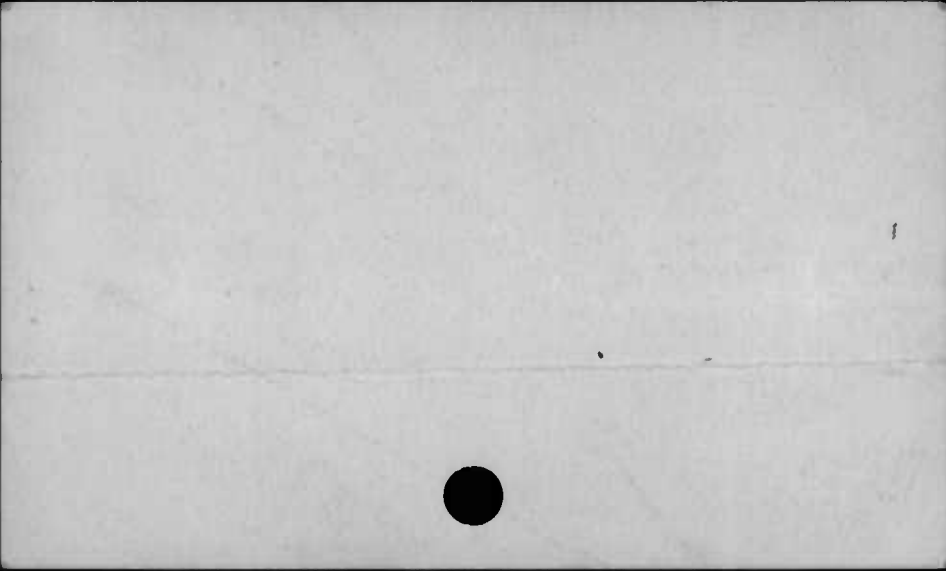
Primary

Immediate

~~Accident, Suicide, Homicide~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999



Name
in
Full

Mary Louise Stanley

CERTIFICATE OF DEATH

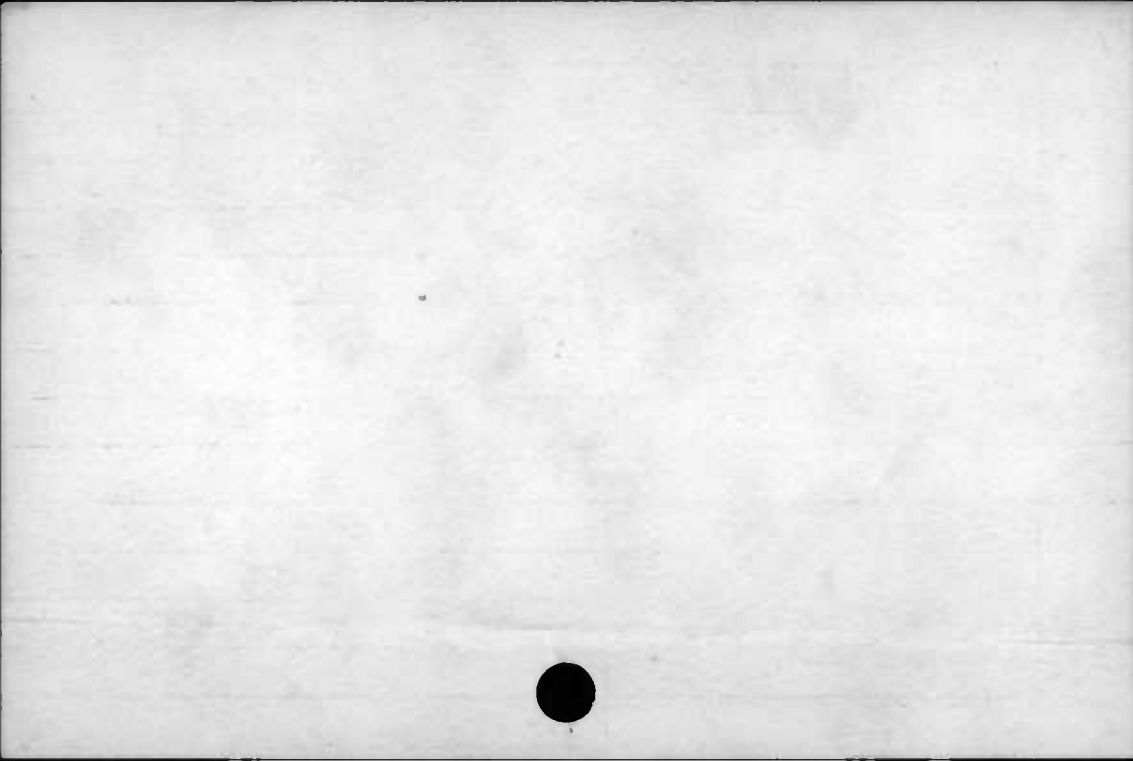
TO BE ANSWERED BY
NEAREST FRIEND

Died at		5 th Dist. ^{Town} Elk Neck		County ^{County} Cecil		MARYLAND	
Date of death 1903		Month July		Day 5		Age 30?	
Sex Female		Color or Race White		Birthplace Maryland			
Married, Single or Widowed		Married		Occupation Housewife			
Name of Wife or Husband William Stanley							
Father's Name George David Racine				Father's Birthplace France			
Mother's Maiden Name Clementine Fromont				Mother's Birthplace France			
Name of person giving information J. Pol R Racine				How related to deceased Uncle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Rheumatism — 78		How long Many years	
Immediate (Endocarditis) Embolism		How long 7 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Howard Bratton	
		Address Elkton Md —	
Accident or Suicida?			



Name
in
Full

CERTIFICATE OF DEATH

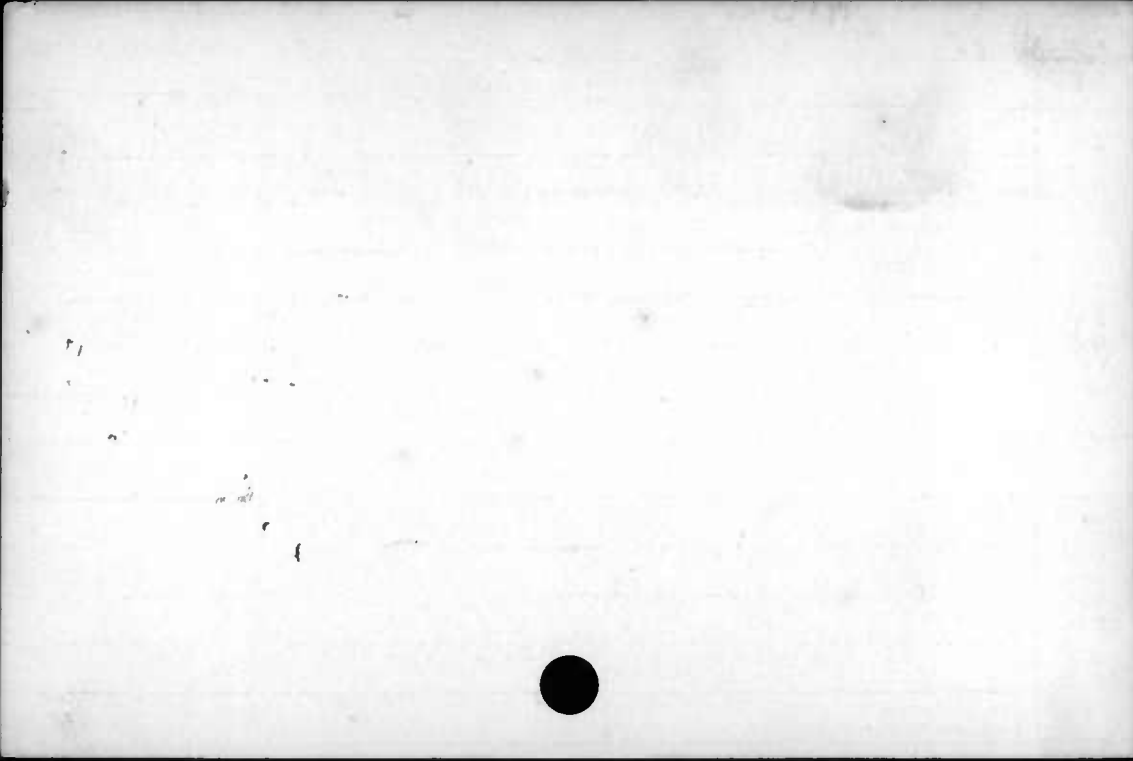
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gertrude Stebbings</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Port Deposit</i>		Month <i>July</i>		Day <i>19</i>		Age <i>8</i>	
Date of death 190 <i>3</i>		Months <i>10</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Port Deposit</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Wm Stebbing</i>				Father's Birthplace <i>Port Deposit</i>			
Mother's Maiden Name <i>Bertha E Lignor</i>				Mother's Birthplace <i>Port Deposit</i>			
Name of person giving information <i>Wm Stebbing</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet Fever</i>		How long <i>10 days</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H E Chumley</i>	
		Address <i>Port Deposit Md</i>	
Accident or Suicide? <i>—</i>			



Name in Full

Certificate of Death

Walter W Stryker

Town

County

Died at

Perryville

Kecil

MARYLAND

Date 189

3

Month

Day

Y.

M.

D.

Native of

Occupation

July 18

Age

2

8

=

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Cecil W Stryker

Mother's

Name

Bidie Mackinison

Cause of

Primary

How long sick

Death

Immediate

Permit to Bepeth

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Geo. W. T. T. T.

Address

Perryville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Infant - Taylor

Town

County

Cecil

MARYLAND

Died at

1903

May

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

W L Taylor

Mother's

Sallie Pickle

Name

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

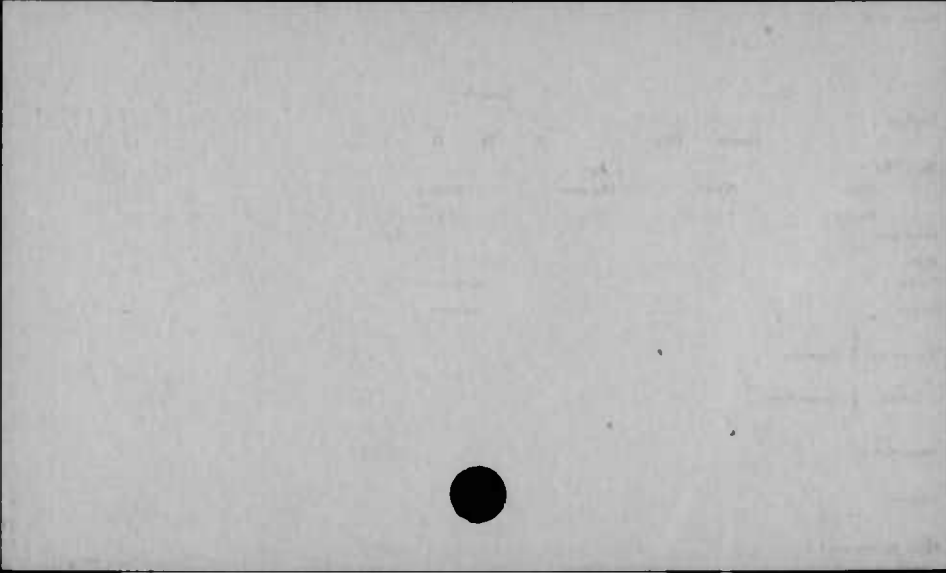
Reported by

Geo. W. Fleming

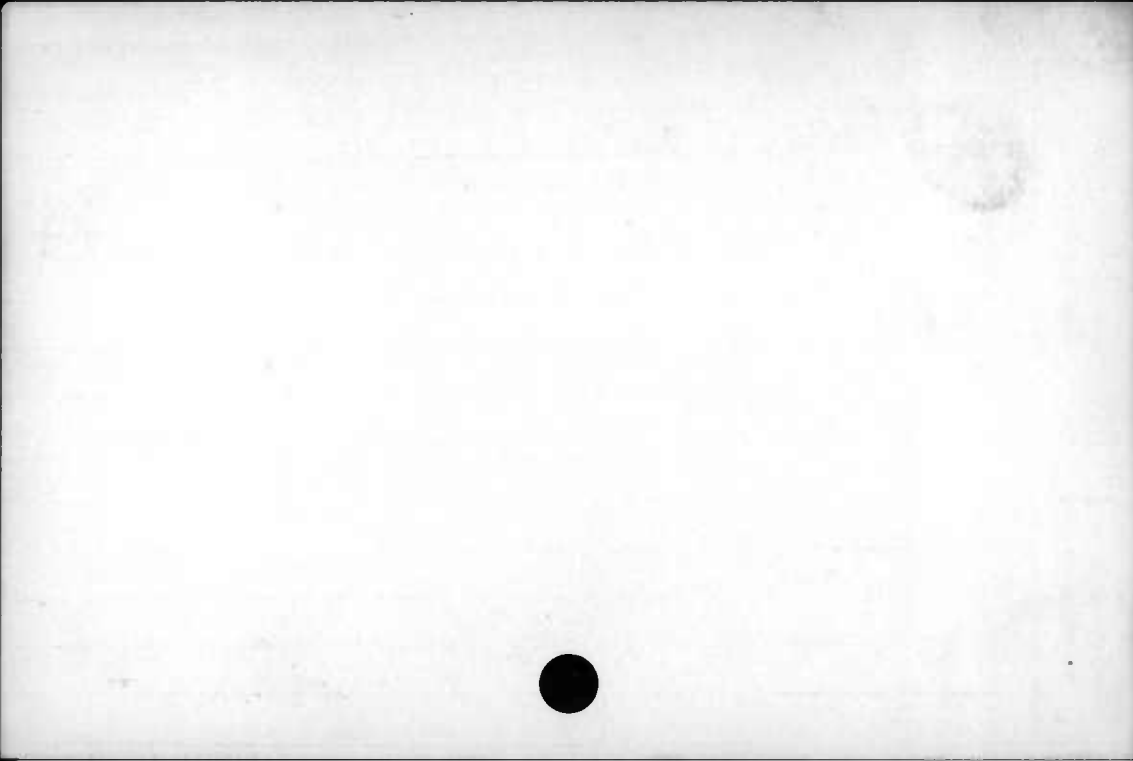
Address

Perryville

Maryland



Name in Full		Clara R Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Elkton ^{Town}		Cecil ^{County}		MARYLAND
	Date of death 1903		July		Day 21 -		Age
	Sex		Female		Color or Race		Black
	Married, Single or Widowed		—		Occupation		—
	Name of Wife or Husband		—		Father's Birthplace		34
	Father's Name		—		Mother's Birthplace		—
	Mother's Maiden Name		Mary E Williams		How related to deceased		Grand Mother
Name of person giving information		Mary E Wilson					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		General Tuberculosis			How long	
	Immediate		—			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Accident or Suicide?		—		Address		
					Elkton Md.		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>North East</i> Town		<i> Cecil </i> County		MARYLAND
	Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>7</i>	Age <i>Years</i>	Months <i>Days</i>
	Sex <i>male</i>	Color or Race <i>white</i>	Birth-place		
	Married, Single or Widowed <i>Single</i>	Occupation			
	Name of Wife or Husband				
	Father's Name				Father's Birthplace
	Mother's Maiden Name				Mother's Birthplace
	Name of person giving information				How related to deceased
<div>CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER	Primary <i>Sill Boon</i>			How long	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Wm D Cawley</i>	
				Address <i>Electa md</i>	
	Accident or Suicide?				

